

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1322** **-61-006448** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI				Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3733a Connecticut St.	
3. NAME OF DECEASED (Type or print) First CARL Middle ENGELBERT Last ELIASON				4. DATE OF DEATH Month FEBRUARY Day 8 Year 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-27-1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-South Side Machine Co.		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 56		11. BIRTHPLACE (City and state or country) Sweden	
13a. FATHER'S NAME Carl Eliason				13b. MOTHER'S MAIDEN NAME Elvira Danielson		14. NAME OF HUSBAND OR WIFE Velma Eliason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Velma Eliason 3733a Connecticut St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INFARCTION DUE TO (b) AMYOTROPHIC LATERAL SCLEROSIS WITH BULBAR PALSY DISEASE DUE TO (c) 356.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES FEW YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from NOV. 9, 1959 to FEB. 8, 1961 and last saw her/him alive on FEB. 8, 1961 Death occurred at 8:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. E. V. Miller, M.D.</i> M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 2/8/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE Feb. 11, 1961		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Abbey		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.				25. DATE RECD. BY LOCAL REG. FEB 9 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edwin A. McHernandez

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.